

# eHealth Council

Thursday, Nov. 13, 2014

9:30 a.m. CT to noon CT

**Lincoln:** Executive Building, 521 South 14<sup>th</sup> Street, Videoconferencing Room on the First Floor

**Omaha Public Participation Site** [NEB. REV. STAT. § 84-1411(6)]: UNMC, Harold M. and Beverly Maurer Center for Public Health, Room 3013

## Tentative Agenda

### [Meeting Documents](#)

9:30	Roll Call Notice of Posting of Agenda Notice of Nebraska Open Meetings Act Posting <b><i>Approval of May 13, 2014 minutes*</i></b>  Public Comment
9:40	<b>eBHIN Update</b> —Wende Baker
10:00	<b>Direct Update</b> —Lianne Stevens, NeHII
10:30	<b>Other Updates/Opportunities</b> <ul style="list-style-type: none"><li>• E-Prescribing Controlled Substances—Kevin Borchert</li><li>• NITC—Anne Byers</li><li>• State Broadband Plan—Anne Byers</li><li>• ONC</li></ul> <p>Note: The executive summary is in the meeting materials. The entire plan is available at <a href="http://nitc.nebraska.gov/documents/2014reports/broadbandplan.pdf">http://nitc.nebraska.gov/documents/2014reports/broadbandplan.pdf</a>.</p> <p><b>Video:</b> <a href="http://www.youtube.com/watch?v=siae3ADCiHQ&amp;feature=youtu.be">http://www.youtube.com/watch?v=siae3ADCiHQ&amp;feature=youtu.be</a></p>
10:45	<b>Next steps for eHealth Council</b>  <b>Tentative Discussion Questions</b> <ol style="list-style-type: none"><li>1. To date, the eHealth Council has focused on establishing a vision for eHealth in Nebraska and in implementing the State HIE Cooperative Agreement. What should the role of the eHealth Council be over the next few years?</li></ol>

	<ol style="list-style-type: none"><li>2. Much of the work of the eHealth Council to date has focused on health information exchange. Are there new technologies that deserve further attention?</li><li>3. What representation should be included in the membership of the eHealth Council?</li></ol>
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. \* Indicates action items

Meeting notices were posted on the Public Meeting website on Nov. 4, 2014 and on the NITC website on Nov. 7. Meeting agenda was posted on Nov. 7, 2014.

**eHealth Council  
of the  
Nebraska Information Technology Commission**

May 13, 2014, 9:30 to 11:15 a.m.

Nebraska Educational Telecommunications, Board Room, 1800 North 33rd Street, Lincoln

**Omaha:** UNMC Business Service Center (4230 Building) Rm# 3037B

**North Platte:** Great Plains Regional Medical Center

**Auburn:** Nemaha County Hospital

**MINUTES**

**MEMBERS PRESENT:**

**Marsha Morien**, Co-Chair

**Dr. Delane Wycoff**, Co-Chair

**Kevin Borchert**

**Kevin Conway**

**Marty Fattig**

**Jenifer Roberts-Johnson**

**Greg Schieke**

**Max Thacker**

**ABSENT:** Senator Dubas, Patrick Werner, Congressman Fortenberry, September Stone, John Roberts, Harold Krueger, Wende Baker, Sharon Medcalf, Joel Dougherty, Susan Courtney, Alice Henneman, and Kimberly Galt.

**ROLL CALL, NOTICE OF POSTING OF AGENDA, NOTICE OF NEBRASKA OPEN MEETINGS ACT POSTING**

The meeting was called to order at 9:30 a.m. Roll call was taken. There were 8 members present. A quorum existed to conduct official business. The meeting notice was posted to the NITC and Public Meeting websites on May 1, 2014. The agenda was posted on May 9, 2014..

**PUBLIC COMMENT**

There was no public comment.

**MEMBERSHIP**

The terms of Marty Fattig, September Stone, Kevin Conway, Jenifer Roberts-Johnson, Marsha Morien, and Greg Schieke have expired. Ms. Byers will contact them to see if they are interested in serving another term. There are also three vacancies. Members were encouraged to submit recommendations for the vacant positions.

**STATE HIE PROGRESS REPORT AND EVALUATION REPORT**

Ms. Byers provided a summary of the final State HIE progress report which was submitted to the Office of the National Coordinator for Health IT. The top 5 accomplishments are listed below:

1. NeHII, Nebraska's lead health information exchange, is one of the largest health information exchanges in the country with over 2.7 million individuals in its Master Patient Index and 3,590 users as of March 14, 2014. NeHII has grown considerably since the start of the State HIE Cooperative Agreement. In March 2010, NeHII had 1.5 million individuals in the Master Patient Index and 464 users. A 2013 survey of Nebraska healthcare providers found that 63% of providers currently using NeHII were satisfied. Accessing a comprehensive patient medication list was identified as the most important feature of the health information exchange.
2. Nebraska also has one of the nation's only health information exchanges exclusively serving behavioral health information exchange providers. The Electronic Behavioral Health Information Network (eBHIN) went live with its HIE functionality in the summer of 2012 and currently has 565 users in southeast Nebraska (Region 5) and the Omaha area (Region 6). Over 19,000 unique patient IDs are included in the HIE. eBHIN is working with additional regions to address interoperability issues and exchange information through CDAs. eBHIN has developed an innovative approach to managing consent which will allow for the exchange of behavioral health information with patient consent.
3. NeHII implemented an immunization gateway in 2011, enabling the exchange of immunization records between NeHII participants and the state immunization registry. The immunization gateway accepts messages from an EHR and sends the information to the Nebraska State Immunization Information System (NESIIS). Regional West Physicians Clinic, York General Hospital and Boys Town are currently sending information. The third phase of the project will allow NeHII users to query NESIIS and save the immunization data available in NESIIS for a patient to the provider's EMR.
4. Legislation in 2011 authorized the Nebraska Department of Health and Human Services to work with NeHII to develop a Prescription Drug Monitoring Program utilizing NeHII's medication history functionality, making Nebraska the first state to incorporate PDMP functionality into an HIE.
5. The use of e-prescribing in Nebraska has grown since 2010, with Nebraska ranking 17th in Surescripts' most recent ranking of states in e-prescribing. Lab readiness has also improved. In December 2013, 62% of labs in Nebraska were sending electronic lab results in a structured format, up from just 20% in Dec. 2011. Over a third of labs (35%) are sending electronic lab results using LOINC, up from 15% in 2011.

Ms. Byers also discussed lessons learned:

- HIE development has been a longer and more difficult process than we imagined.
- Adoption of HIE also requires behavioral changes by providers who are already dealing with the challenges of EHR adoption and changing payment models.
- HIE adoption is also made more challenging because HIE benefits are not evenly distributed among all participants. Patients are often the biggest beneficiary. Getting providers to see the system-level benefits can be difficult.
- Vendors are also dealing with resource constraints as they deal with the developing Meaningful Use requirements and evolving standards. Many vendors are charging significant interface fees which are proving to be financial barriers for small hospitals (especially Critical Access Hospitals) and practices.
- Nebraska's rural geography and population poses challenges in implementing health information exchange. There is a wide disparity in available resources, both financial and human, across Nebraska Critical Access Hospitals. Most Critical Access Hospitals in Nebraska are implementing electronic health records and have attained Meaningful Use. Wide River TEC worked with 55 Critical Access Hospitals and the state's single rural hospital, with 51 CAHs attaining Go-Live (Milestone 2) and 49 CAHs attaining Meaningful Use (Milestone 3). Six

Nebraska Critical Access Hospitals currently participate in NeHII with an additional 16 Critical Access Hospitals In Nebraska pending implementation. The IAPD submitted to CMS in July 2013 includes funding for CAH implementation and will greatly facilitate efforts to connect CAHS.

Gary Cochran discussed the State HIE evaluation report. The evaluation provided a comprehensive assessment of Nebraska HIE including the opinions of providers and consumers, prescription drug monitoring program, errors associated with e-prescribing, radiology and laboratory data, and pharmacists' perspectives.

**Provider Satisfaction.** To evaluate providers' barriers and reasons to adopt HIE, Nebraska healthcare providers were surveyed. The most common reasons for adoption were improvement in patient care as well as receiving and sending information in the referral network. Also, accessing a comprehensive patient medication list was identified as the most important HIE feature. Participants' major barriers to adoption were cost and loss of productivity.

**Consumer Satisfaction.** Eight focus groups were conducted to learn more about consumer views of HIE. Consumer concerns focused on privacy and security of medical information, lower quality of care, inconsistent provider participation, and potential cost. Positive feedback included accuracy and completeness of information, improved communication, coordination and access to information between health care providers.

**E-Prescribing Discrepancies.** The prevalence of unintended discrepancies in e-prescriptions was estimated by comparing prescriber's notes, electronic prescriptions, and dispensed medications. The discrepancy rate between the prescriber's note and the e-prescription ranged from 0.6% to 3.9%. The discrepancy rate between the e-prescription and the prescription label ranged from 0.9% to 4.2%. Differences between directions for administration was the most common type of discrepancy identified.

**Prescription Drug Monitoring Program.** The final evaluation project focused on the emergency room prescriber utilization and satisfaction with Nebraska's Prescription Drug Monitoring Program (PDMP). Participating emergency room physicians received training and four months of free access to the PDMP. The utilization of HIE was lower than expected. Incomplete information and impact on workflow were reported as barriers to HIE utilization for PDMP purposes. In addition, low perceived need for PDMP and prescriber preparedness to manage abusers may also have reduced utilization.

The group discussed reasons for the lower than expected utilization, including the short time frame, Nebraska's relatively low rate of prescription drug abuse compared to other states, and that hospitals included in this study were not NeHII participants. Marty Fattig remarked that as more hospitals join NeHII, more patient information will be available and NeHII will be more valuable.

#### **NEBRASKA BROADBAND HOUSEHOLD SURVEY**

Ms. Byers shared some findings from a recent survey of Nebraska households on their use of broadband. More than eight in ten Nebraska households (82%) currently have broadband Internet service, up from 76% in 2010. During the past four years the proportion of persons age 65 and older having broadband service at home increased from 48 percent to 64 percent. And, the proportion of persons with the lowest household incomes having broadband service at home increased from 44 percent to 53 percent.

Persons living in metropolitan areas are more likely than persons living in nonmetropolitan areas to have broadband. Ninety percent of persons living in the Lincoln area and 87 percent of persons living in the Omaha area have broadband service at home. In comparison, 73 percent of persons living in the Central Nebraska area have broadband service.

Most Nebraska households believe the following broadband applications are important: exchanging health information so that providers have a complete health record when treating you (82%), using

telehomecare to monitor chronic health conditions (76%), and using telemedicine to consult with health care providers (75%). The report is available from [broadband.nebraska.gov](http://broadband.nebraska.gov).

**E-PRESCRIBING CONTROLLED SUBSTANCES UPDATE.** Ms. Byers reported that Walgreens, HyVee, Shopko, Kohll's and a number of independent pharmacies are now enabled for e-prescribing controlled substances. Kevin Borchert shared that Methodist Health System is working with Cerner to pilot e-prescribing controlled substances. Methodist estimates that 50% of their prescriptions are to pharmacies enabled for e-prescribing controlled substances.

## **NEHII VISION FOR THE FUTURE**

Deb Bass gave a presentation on NeHII's vision for the future. Additional functionalities under review include:

- Single SignOn
- Open Access
- HIE to HIE Gateway
- Public Health Gateway
- Radiologic Image Exchange
- Data Analytics
- Population Management
- Advanced Directives
- Mobile Messaging Services
- eHealthexchange Onboarding and Participation

Implementation of these functionalities is dependent on the availability of funding. NeHII has worked with Nebraska's Medicaid program to submit an IAPD requesting 90/10 matching funding for HIE adoption and added functionality. The proposal submitted would require a state match of \$252,000. Proposal includes funding for hospital and provider adoption, and additional functionalities including Open Access, Public Health Gateway, mobile messaging, comprehensive clinical records in ADTs, and expanded deployment of the immunization gateway. \$500,000 was included in the DHHS Division of Public Health's budget for the 90/10 match. NeHII has submitted a proposal for the use of the remaining funds for reimbursement for physician adoption activities and reimbursement for Prescription Drug Monitoring support.

Year 2 priorities include:

- Single Sign-On
- Data Analytics Including Population Management
- Radiologic Image Exchange
- HIE to HIE Gateway

Additional funding for NeHII was also included in the State of Nebraska budget.

NeHII is working with UniNet on a pilot to provide ADT data via encrypted e-mail to determine readmits within a rolling 30 day timeframe.

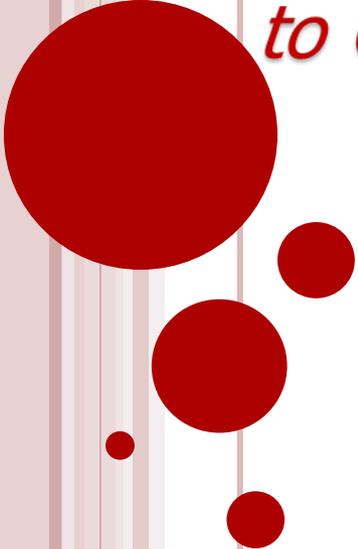
## **JASON REPORT**

Ms. Morien asked Marty Fattig for his thoughts on the JASON report, "A Robust Health Data Infrastructure." Mr. Fattig was in Washington, D.C. for a meeting of the American Hospital Association and requested a meeting with Dr. DeSalvo. She asked him his opinion of the report. He said that Dr.



# Community Betterment Through HIE

*"Engaging Community Stakeholders  
to Create a Sustainable, Large-Scale HIE"*



**eHealth Council**

NeHII Update – Direct Project

November 13, 2014

# NEHII STATISTICS (AS OF OCTOBER 31, 2014)

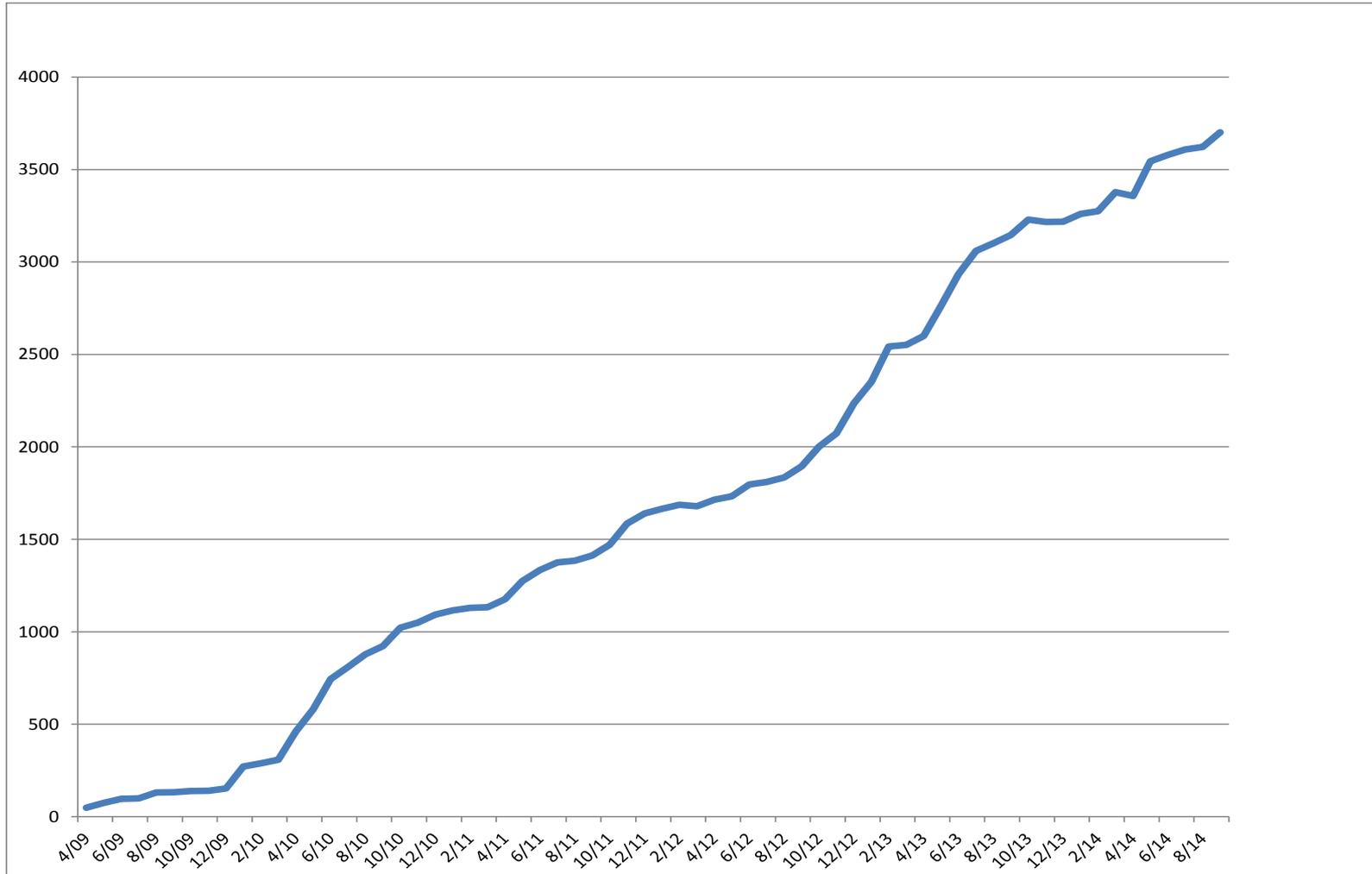
○ Patients in the System	2,826,435
○ Virtual Health Record (VHR) Usage	
• Physicians	1,607
• Staff	2,395
○ Percentage of Requests Completed in Less than 2 Seconds	98.8%
○ Number of Results Sent to the Exchange	74,761,276
• LAB	43,541,536
• RAD	8,412,632
• Transcription	22,807,108

# CURRENT NEHII PARTICIPANT STATUS

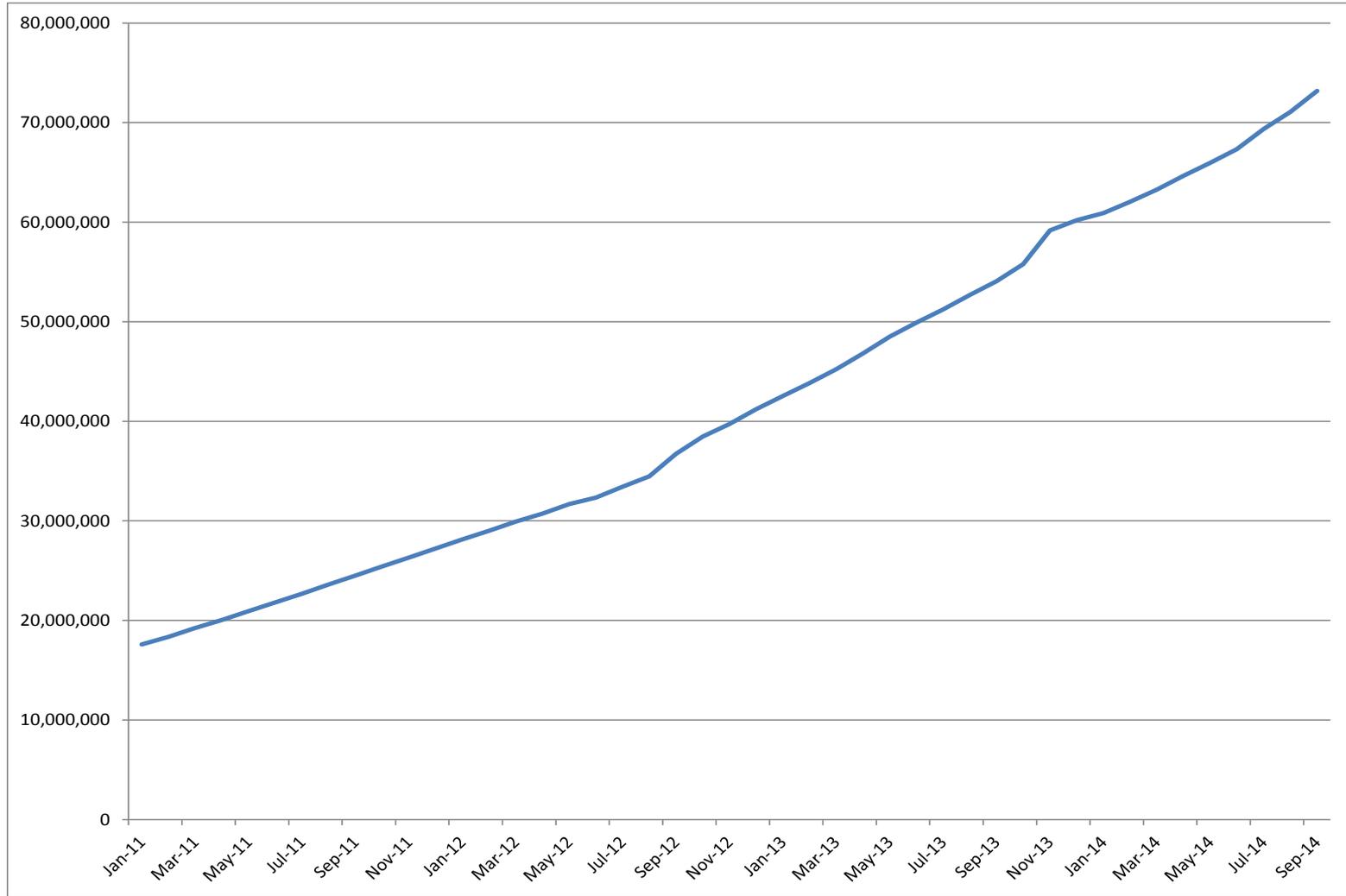
- Alegent Creighton Health
- Avera Creighton
- Avera O'Neill
- Beatrice Community Hospital
- Boys Town National Research Hospital
- Cass County Memorial Hospital
- Children's Hospital & Medical Center
- Columbus Community Hospital
- Great Plains Regional Medical Center
- Mary Lanning Memorial Hospital
- Methodist Health System
- Montgomery County Memorial Hospital
- Nemaha County Hospital
- Regional West Medical Center
- Sidney Regional Medical Center
- The Nebraska Medical Center
- York General Hospital
- BlueCross BlueShield of Nebraska
- Coventry Health Care



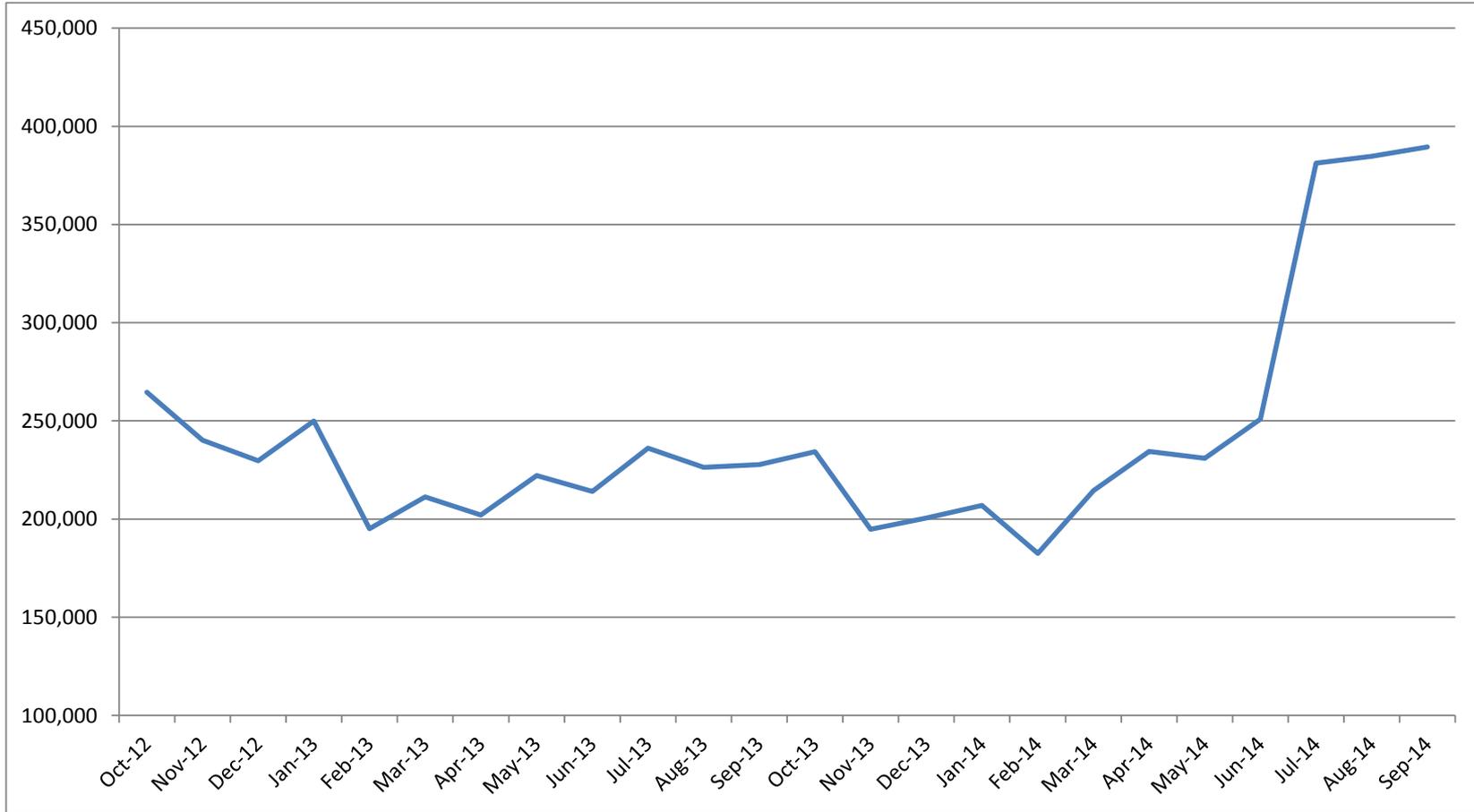
# NEHII VIRTUAL HEALTH RECORD USERS



# TOTAL NUMBER OF RESULTS SENT TO EXCHANGE



# TOTAL CLICKS FOR LAST 24 MONTHS





# PHYSICIAN SITE LICENSE ADOPTION

- Offered in January 2014
- Health systems pays annual fee to allow access to NeHII for employed and contracted physicians based upon bed size
- Allowed access to residents
- Value add for employed physicians

# NEHII'S SUSTAINABILITY STRATEGY

- License fee model paid by all participants
- Health systems
- Providers
- Payers
- State of NE
- Continuum of care providers

# HITECH 90/10 FUNDING OPPORTUNITY

- Available to another 35 CAH, FQHCs and 6 remaining major hospitals
- Waive the implementation fee of \$10,000 for the CAH
- Also offers 12 months of free usage of the VHR to providers
- Must be implemented by Sept. 30, 2015

# ADDED FUNCTIONALITIES 2014-2015

- Single Sign-On
- Enhanced ADT Messaging to Include Admitting, Working, Discharge Diagnosis and Allergies
- **Direct Services Implementation**
- Public health gateway implementation
- Open Access to Support C-CDA Exchange
- Optum HIE 2.0 Migration
- Enhanced PDMP Functionality
- Two Factor Authentication
- Radiologic Image Exchange
- HIE to HIE Gateway

# DIRECT MESSAGING SERVICES

- What is Direct Messaging?
  - Secure encrypted email service that supports electronic communication between healthcare providers and patients
  - Privacy, security, and trust-in-identity controls of Direct exchange are VERY important!
  - Consider HIPAA and the new penalties for breach of privacy.
  - Supports Stage 2 MU objectives related to Transitions of Care and Patient Engagement

# DIRECT PROJECT TIMELINE OF EVENTS

## ○ Direct Services

- Worked Tirelessly to Implement Optum Direct 2.0 but Experienced Numerous Product Release Delays
- Developed RFP for Direct Services Which Was Released March 21, 2014 With Responses Due By April 21, 2014
- Announced Partnership With ICA in July 2014
- Implementation Planning Started in August 2014

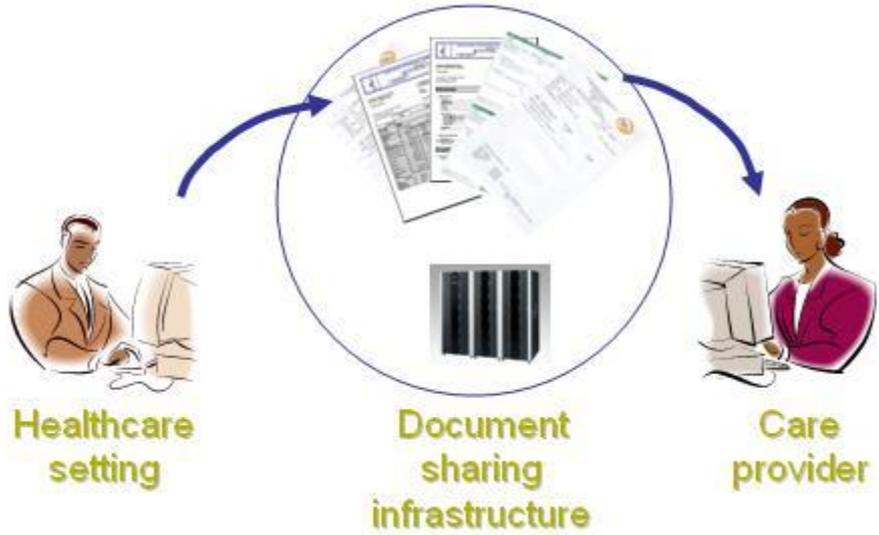
# MEANINGFUL USE 2 & TRANSITIONS OF CARE

- Measure 1: Providers and Hospitals must provide a summary of care record for more than 50% of transitions of care and referrals
- Measure 2: Providers and Hospitals that transition or refer patients to another setting of care or provider of care must provide a summary of care record for more than 10% of such transitions of care or referrals electronically.
- Measure 3: Providers and Hospitals must satisfy one of the following criteria:
  - One or more successful electronic exchanges of a summary of care document which is counted in 'measure 2' with the recipient using certified EHR different than the sending EHR
  - One or more successful tests with the CMS designated test EHR during the EHR reporting period.

# DATA EXCHANGE TO PROMOTE COORDINATION OF CARE

Standardized  
Continuity of  
Care Document

Hospital  
LTC  
Rehab Facility



Primary Care  
Specialty Care  
Home Health  
Referral Hospital

“Transition of Care” – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.

# CURRENT DIRECT PARTICIPANTS

- Wayne Family Medicine (part of Faith Regional Physician Services)
  - To support Providence Medical Center referrals
  - 5 physicians
- Colglazier Demmel Medical Clinic – Grant, NE
  - To support hospital referrals
  - 2 physicians
- CHI Health
  - To support referring hospitals in their Meaningful Use Transitions of Care Measure attestation efforts
  - 4 CHI Direct referral mailbox groups set up (total of 37 Direct users)

# CHI HEALTH PROJECT OVERVIEW

- 4 CHI Health Referral Hospitals
  - Good Samaritan Hospital – Kearney, NE
  - St. Elizabeth Regional Medical Center – Lincoln, NE
  - St. Francis Medical Center – Grand Island, NE
  - Nebraska Heart Hospital – Lincoln, NE
- 51 facilities contacted about the project
- As of 9/25/14, 21 hospitals have tested Direct messaging successfully (20 – NE, 1 – KS)
- CHI Health hospitals ready to receive referrals via Direct messaging as of 9/24/14

# DIRECT CONSIDERATIONS

## ○ Administrative

- Direct Trust Credentialing Policy
- Identity and organization verification procedures
- Direct user access request and setup process – communication flow

customer → NeHII → ICA → NeHII → customer

## ○ Training

- ICA Quick Reference Guide for Users
- Training Webinars

## ○ Change Management – user workflow impact

# DIRECT USE CASES UNDER DISCUSSION

- VA – care coordination
- BCBSNE – claims & case management
- Nursing Home referrals
- Interstate Direct message exchange
  - Successful tests performed with:
    - IDPH – Iowa Department of Public Health
    - KHIN – Kansas Health Information Network
    - MHC – Missouri Health Connection
    - CORHIO – Colorado Regional Health Information Organization
  - Testing in progress with:
    - South Dakota Health Link

# QUESTIONS



# NeHII CONTACT INFORMATION

- Deb Bass - Chief Executive Officer, NeHII  
Cell: 402.981.7664      dbass@nehii.org
- Lianne Stevens – Project Manager, NeHII  
Cell: 402.290.7029      lstevens@nehii.org

NeHII, Inc.  
P.O. Box 27842  
Omaha, NE 68127

[www.nehii.org](http://www.nehii.org)

DeSalvo is very focused on health information exchange and interoperability. She may be open to making changes which advance interoperability to Stage 3 Meaningful Use requirements. Mr. Fattig said that he believes the JASON report lays out an excellent framework. Marsha Morien commented that she was pleased to see that the JASON report addressed secondary use of HIE.

Marty Fattig also mentioned that the Meaningful Use Work Group will hold virtual listening sessions on May 20 and 27. Dan Griess from Box Butte General Hospital has been invited to speak on a panel on May 20.

The meeting was adjourned.



# Broadband in Nebraska

## Current Landscape and Recommendations

Oct. 27, 2014

2014

Nebraska Information Technology Commission

Nebraska Broadband Initiative

Nebraska Public Service Commission

University of Nebraska-Lincoln

NITC Community Council

Nebraska Department of Economic Development

AIM



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**The Nebraska Information Technology Commission** ([nitc.nebraska.gov](http://nitc.nebraska.gov)) promotes the use of information technology in education, health care, economic development, and all levels of government service. The nine-member, governor-appointed commission is chaired by Lieutenant Governor John E. Nelson..

**The Nebraska Broadband Initiative** ([broadband.nebraska.gov](http://broadband.nebraska.gov)) promotes the adoption and utilization of broadband in Nebraska. Project partners include the Nebraska Public Service Commission, University of Nebraska-Lincoln, Nebraska Information Technology Commission, Nebraska Department of Economic Development, and AIM. Activities include the development of a state broadband map ([broadbandmap.nebraska.gov](http://broadbandmap.nebraska.gov)), state broadband conferences, videos highlighting how broadband is being used in Nebraska communities, surveys of households and businesses, regional broadband plans, community planning materials, and these recommendations.

The project is funded through a grant to the Nebraska Public Service Commission by the U.S. Department of Commerce's National Telecommunications and Information Administration through the American Recovery and Reinvestment Act.



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**AIM Coder Dojo**, Anne Byers

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# Executive Summary

## Vision, Objectives and Goals

Nebraska's broadband vision is that residents, businesses, government entities, community partners, and visitors have access to affordable broadband service and have the necessary skills to effectively utilize broadband technologies.

### Objectives

- To increase economic development opportunities, create good-paying jobs, attract and retain population, overcome the barriers of distance, and enhance quality of life in Nebraska by stimulating the continuing deployment of broadband technologies which meet the need for increasing connection speeds.
- To increase digital literacy and the widespread adoption of broadband technologies in business, agriculture, health care, education, government and by individual Nebraskans.

### Goals

The following goals and targets help focus attention on key aspects of the plan and provide a way to assess the state's progress in addressing broadband development:

#### **Increase household adoption of broadband**

- Over 90% of households statewide will subscribe to broadband by 2020.
- 85% of households in rural Nebraska will subscribe to broadband by 2020.

#### **Increase broadband availability**

- Broadband service of 25 Mbps down will be available to 90% of households by 2020.
- Broadband service of 1 gbps down will be available to 25% of households by 2020.

#### **Support broadband-related development by increasing the number and diversity of IT workers**

- At least 1,400 degrees in computer and information science, management information systems, computer engineering, and bioinformatics will be awarded annually by Nebraska colleges and universities by 2020.
- Women receive at least 25% of the degrees in computer and information science, management information systems, computer engineering, and bioinformatics will be awarded by Nebraska colleges and universities by 2020.

*Nebraska's broadband vision is that residents, businesses, government entities, community partners, and visitors have access to affordable broadband service and have the necessary skills to effectively utilize broadband technologies.*

# Executive Summary

## Economic Impact

Broadband is impacting Nebraska's economy in a number of ways<sup>1</sup>, including:

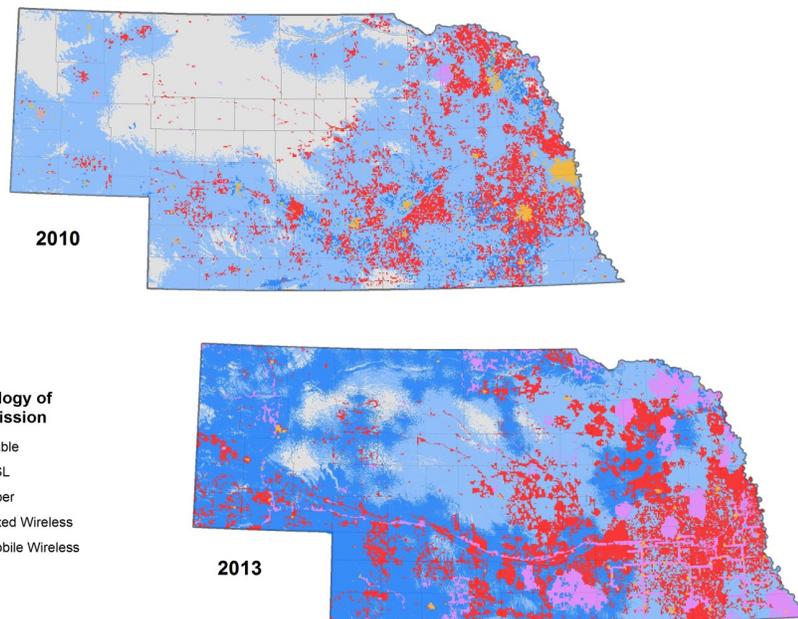
- **Expanding Markets by Selling Online.** Over 60% of Nebraska businesses reported selling goods or services online.
- **Increasing Efficiencies and Reducing Costs.** Nebraska businesses reported cost savings averaging 4% due to using the Internet.
- **Creating Jobs.** A 2013 survey of Nebraska businesses found that broadband access to the Internet is having a positive impact on jobs, with 364 respondents reporting a net increase of 654 jobs due to using the Internet.
- **Increasing Revenue.** Broadband access to the Internet is also having a positive impact on business revenue with typical respondents reporting 25 to 45 percent of revenue from the Internet.

National and international research links broadband availability with economic growth. However, broadband adoption appears to have a stronger economic impact than broadband availability, contributing to growth in household income, lower unemployment and other measures of economic success in non-metropolitan counties.<sup>2</sup>

## Broadband Availability

Broadband provides high-speed access to applications such as the Internet. Broadband service is available to nearly all Nebraskans, with 99.5% of Nebraskans having access to service with download speeds of greater than 10 Mbps.<sup>3</sup> Nebraska ties for 12<sup>th</sup> on this measure.

**B**roadband access to the Internet is also having a positive impact on business revenue with typical respondents reporting 25 to 45 percent of revenue from the Internet.



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# Executive Summary

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Broadband availability in Nebraska continues to improve. The map on the previous page shows improvements in broadband coverage from 2010 to late 2013. Some areas of the state remain unserved, however.<sup>4</sup>

Mobile connections are becoming increasingly important to residents and businesses with over 80% of Nebraska businesses currently using smart phones.<sup>5</sup> Although mobile broadband data coverage is improving in Nebraska, mobile coverage in some areas of rural Nebraska is still a challenge. Mobile coverage limitations in rural areas of Nebraska may impact the adoption and utilization of some precision agriculture technologies which rely on mobile broadband services.

## Broadband Adoption

Most households in Nebraska (82%) have broadband service. However, there are significant rural-urban differences with subscription rates of 90% in Lincoln and 87% in Omaha, compared to 72% to 77% in other regions of the state.<sup>6</sup>

Nearly all Nebraska businesses are utilizing broadband access to the Internet. Internet applications relying on broadband networks are becoming increasingly important for agricultural producers. Most livestock producers use the Internet for market information, auctions, government and regulatory agency reporting, and farm business planning. Most grain producers use the Internet for market information, crop management, government and regulatory agency reporting, ROI calculators, farm business planning, and GPS information.<sup>7</sup>

## Recommendations

The following recommendations emerged from discussions with stakeholders:

- Encourage investment in Nebraska's telecommunications infrastructure.
- Enhance the capacity of local communities to address broadband development.
- Encourage the development of a skilled IT workforce.
- Support innovation and entrepreneurship.
- Support the use of broadband technologies in businesses and agriculture.
- Support the development of libraries as community anchor institutions.
- Support the use of broadband in education and health care.
- Support the use of broadband by government and public safety entities.
- Support efforts to attract new residents and retain youth.
- Increase digital literacy and broadband access to the Internet.

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***B**roadband adoption appears to have a stronger economic impact than broadband availability.*



## Broadband in Nebraska

### Current Landscape and Recommendations

2014



# eHealth Council Members

## The State of Nebraska/Federal Government

- **Senator Annette Dubas**, Nebraska Legislature (term ends Dec. 2010, renew every 2 years)
- **Vacant**
- **Congressman Jeff Fortenberry**, represented by Marie Woodhead (term ends Dec. 2012, renew every 2 years)

## Health Care Providers

- **Marty Fattig**, Nemaha County Hospital (pending approval, term ends Dec. 2013)
- **Dr. Delane Wycoff**, Pathology Services, PC (term ends Dec. 2014)
  - **Dr. Harris A. Frankel** (alternate)
- **Kevin Borchert**, Nebraska Methodist Health System (term ends Dec. 2015)
- **Vacant**
  - **Jason Davis**, Vetter Health Services, Inc. (alternate)
- **John Roberts**, Nebraska Rural Health Association (term ends Dec. 2014)

## eHealth Initiatives

- **Max Thacker**, Nebraska Statewide Telehealth Network and UNMC (term ends Dec. 2015)
  - **Dale Gibbs, Catholic Health Initiatives and Good Samaritan Hospital (alternate)**
- **Kevin Conway**, NeHII and Nebraska Hospital Association (term ends Dec. 2013)
- **Harold Krueger**, Western Nebraska Health Information Exchange and Chadron Community Hospital (term ends Dec. 2014)
- **Vacant**

## Public Health

- **Jenifer Roberts-Johnson**, Department of Health and Human Services, Division of Public Health (term ends Dec. 2013)
- **Sharon Medcalf**, UNMC College of Public Health (term ends Dec. 2014)
- **Kay Oestmann**, Southeast District Health Department (term ends Dec. 2015)
- **Marsha Morien**, UNMC College of Public Health (term ends Dec. 2013)
- **Joel Dougherty**, OneWorld Community Health Centers (term ends Dec. 2014)

### **Payers and Employers**

- **Susan Courtney**, Blue Cross Blue Shield (term ends Dec. 2015)
  - Rama Kolli, Blue Cross Blue Shield (alternate)
- **Vacant**, Department of Health And Human Services, Division of Medicaid and Long Term Care (term ends Dec. 2013)

### **Consumers**

- **Vacant**
- **Vacant**

### **Resource Providers, Experts, and Others**

- **Kimberly Galt**, Creighton University School of Pharmacy and Health Professions (term ends Dec. 2015).
- **Greg Schieke, Wide River Technology Extension Center** (term ends Dec. 2013)
- **Vacant**